

VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

FOR USE ONLY BY HOSPITAL OR OTHER HEALTH CARE FACILITIES AS DESCRIBED IN ORS 442.015(16)(a)

PARENTS: After completion, please detach and retain the second and third copies for your files. The original form will be placed in a sealed file. After filing, a copy cannot be obtained except by court order.

A. Oregon law permits the establishment of paternity by voluntary acknowledgment if the mother of the child was not married at the time of the child's conception, birth or anytime in between.

B. This form must be signed by both parents and witnessed by a hospital staff member in the facility where the child was born within five days after the birth of the child. The mother must still be a patient of the facility at the time this Acknowledgment is signed and witnessed.

C. This Acknowledgment must be attached to the original birth certificate at the time of the filing with the county vital records office. If this Acknowledgment is not attached to the original birth certificate, the father's name will be removed from the original certificate at the time of the filing with the county vital records office.

Section 1 INFORMATION ABOUT THE CHILD AS SHOWN ON ORIGINAL BIRTH CERTIFICATE:

Child's Name	First	Middle	Last	Suffix	Date of Birth (Month, Day, Year)
Birthplace - Hospital or Health Care Facility Name					

Section 2 INFORMATION ABOUT THE MOTHER:

Mother's Name	First	Middle	Last	Maiden Surname
Social Security Number	Birthplace - State (if not USA, name country)			Daytime Telephone Number
Employer:	Health Insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 INFORMATION ABOUT THE FATHER:

Father's Name	First	Middle	Last	Suffix	Date of Birth (Month, Day, Year)
Social Security Number	Birthplace - State (if not USA, name country)			Daytime Telephone Number	
Present Address:	No. & Street		City	State	Zip
Employer:	Health Insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

DO NOT SIGN UNTIL HOSPITAL WITNESS IS PRESENT

I acknowledge that: I am the biological mother of the child; the above information is true; I was not married to anyone at the time of the child's conception, birth or anytime in between; I am signing this Acknowledgment for the purpose of establishing paternity of the child.

It is a Class C felony for any person to make any false statement or supply false information intending that the information be used in the preparation of any certificate.

The Statement of Rights and Responsibilities, which is on the reverse side of this Acknowledgment, has been read to me prior to the signing of this Voluntary Acknowledgment of Paternity.

Mother's Printed Name: _____

Mother's Signature: _____

Date Signed: _____

Hospital Witness Signature: _____

Printed Name of Witness _____

Date Witnessed: _____

Name of Hospital/Facility: _____

I acknowledge that: I am the biological father of the child; the above information is true; I am signing this Acknowledgment for the purpose of establishing paternity of the child.

It is a Class C felony for any person to make any false statement or supply false information intending that the information be used in the preparation of any certificate.

The Statement of Rights and Responsibilities, which is on the reverse side of this Acknowledgment, has been read to me prior to the signing of this Voluntary Acknowledgment of Paternity.

Father's Printed Name: _____

Father's Signature: _____

Date Signed: _____

Hospital Witness Signature: _____

Printed Name of Witness _____

Date Witnessed: _____

City: _____